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Bib Data Sheet

CONFIRMATION NO. 4036

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|--|---|-------------------------------|---|--|
| SERIAL NUMBER 10/036,856 | FILING DATE 12/31/2001 RULE | CLASS 514 | GROUP ART UNIT 1615 | ATTORNEY DOCKET NO. 361331-507 |
| APPLICANTS Dilip Wagle, New York, NY; Martin Gall, Morristown, NJ; Stanley C. Bell, Narberth, PA; Edmond J. LaVoie, Princeton Junction, NJ; | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/296,258 06/06/2001 AND CLAIMS BENEFIT OF 60/259,428 12/29/2000 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/05/2002 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY NY | SHEETS DRAWING | TOTAL CLAIMS 7 |
| INDEPENDENT CLAIMS 1 | | | | |
| ADDRESS 25561 | | | | |
| TITLE Method for treating glaucoma IIB | | | | |
| FILING FEE RECEIVED 435 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |